

# addendum

## NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

### I Reporting Information

Year: 2012  
 Fill in circle if amendment ☐  
 Report Period: ☐ January/June ☒ July/December  
 Type of Lobbying: ☐ Nonprocurement ☐ Procurement ☐ Both  
 Client Filing Fee Check Number:

FOR OFFICE USE ONLY

RECEIVED JAN 14 2013

### II Client Information

Name: New York Organization of Nurse Executives

Permanent Business Address: One Empire Dr

City: Rensselaer

State: NY

ZIP code: 12144

Business Phone:

Fax Number:

Third Party Beneficiary (see instructions):

### III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Roffee

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ 18,000.00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: CLAIRE MURRAY

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ 340.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 18,340.00



**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ .00

**C** Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ ☐ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ ☐ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

☐ Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D** Total expenses for current period: \$ .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name:

or  
Single Source Person's Last Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: 10/10/2012 Amount of Contribution: \$

Date Contribution Received: 10/18/2012 Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name:

or  
Single Source Person's Last Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



**Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**IV \* Itemized Expenses**

Name of Individual: <i>Roffe Group</i>	Amt Attributable to Individual: \$ <i>18,000.00</i>
Title of Individual: <i>Retained Lobbyist</i>	Employer of Individual: <i>CARP</i>
Name of Individual: <i>CLAIRE MURPHY</i>	Amt Attributable to Individual: \$ <i>375.00</i>
Title of Individual: <i>Spec Dir Designated Lobbyist</i>	Employer of Individual: <i>self</i>
Name of Individual:	Amt Attributable to Individual: \$ .00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$ .00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$ .00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$ .00
Title of Individual:	Employer of Individual:

*Total 7/1-12/31 Expenses 18,375.00*

**V Subjects lobbied:**

*on elect filing*

**VI Person, State Agency, Municipality or Legislative Body lobbied:****VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:****VIII Title and Identifying Numbers of procurement contracts/documents lobbied:****IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:****X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

*No contributions directly for lobbying/contribution*

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

*all received for employee dues & for conference registration*

**Contributions from Single Source #1**

Single Source Entity's Name: *NYU Langone Med Ctr + NYU Hospital For Joint Diseases*  
or  
Single Source Person's Last Name: First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	<i>10 / 10 / 2012</i>	Amount of Contribution: \$	<i>150 .00</i>	<i>dues</i>
Date Contribution Received:	<i>10 / 11 / 2012</i>	Amount of Contribution: \$	<i>130 .00</i>	<i>dues 12+13</i>
Date Contribution Received:	<i>10 / 18 / 2012</i>	Amount of Contribution: \$	<i>425 .00</i>	<i>conf Reg</i>
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source #2**

Single Source Entity's Name: *St Peters Hospital*  
or  
Single Source Person's Last Name: First Name:

Address:

City: *Albany*State: *NY*

ZIP code:

Phone:

Date Contribution Received:	<i>9 / 28 / 2012</i>	Amount of Contribution: \$	<i>1475 .00</i>	<i>dues + conf Reg</i>
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source #3**

Single Source Entity's Name: *~~St Peters Hospital~~ Plainview Hosp.*  
or  
Single Source Person's Last Name: First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	<i>11 / 19 / 2012</i>	Amount of Contribution: \$	<i>200 .00</i>	<i>dues</i>
Date Contribution Received:	<i>11 / 30 / 2012</i>	Amount of Contribution: \$	<i>100 .00</i>	<i>"</i>
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	
Date Contribution Received:	<i>/ /</i>	Amount of Contribution: \$	<i>.00</i>	

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## V Source of Funding Disclosure

**A** Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities:

Contributions from Single Source #10 St John's Episcopal Hosp

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 10/09/2012 Amount of Contribution: \$

130.00 12/13

Date Contribution Received: 10/11/2012 Amount of Contribution: \$

425.00 12/13

Date Contribution Received: / / Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Contributions from Single Source #2 17

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 7/20/2012 Amount of Contribution: \$

850.00 (2)

Date Contribution Received: 11/09/2012 Amount of Contribution: \$

180.00 13/14

Date Contribution Received: / / Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

**Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.**

Single Source # 8

Related or Affiliated Entity or Person:

Orange Regional Medical Ctr.

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	10 / 12 / 2012	Amount of Contribution: \$	850 .00	2 Conf Reg
Date Contribution Received:	10 / 17 / 2012	Amount of Contribution: \$	275 .00	Conf Reg
Date Contribution Received:	/ /	Amount of Contribution: \$	.00	
Date Contribution Received:	/ /	Amount of Contribution: \$	.00	

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Single Source # 9

Related or Affiliated Entity or Person:

CVPH Medical Center

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	08 / 27 / 2012	Amount of Contribution: \$	1575 .00	(3) Conf Reg
Date Contribution Received:	/ /	Amount of Contribution: \$	.00	
Date Contribution Received:	/ /	Amount of Contribution: \$	.00	
Date Contribution Received:	/ /	Amount of Contribution: \$	.00	

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00



**Designated Addendum sheet for section V(B)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.**Single Source # 10

Related or Affiliated Entity or Person:

*Specialty Professional Services*

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *10 / 09 / 2012* Amount of Contribution: \$ *50* .00 *drug*Date Contribution Received: *08 / 06 / 2012* Amount of Contribution: \$ *500* .00 *conf*Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Single Source # 11

Related or Affiliated Entity or Person:

*Geneva Gen Hosp.*

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *09 / 13 / 2012* Amount of Contribution: \$ *130* .00 *12-13*Date Contribution Received: *09 / 19 / 2012* Amount of Contribution: \$ *125* .00 *(3) conf*Date Contribution Received: */ /* Amount of Contribution: \$ .00 *Reg*Date Contribution Received: */ /* Amount of Contribution: \$ .00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00



**IV Other Expenses (Current Semi-Annual Period Only)**

<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D Total expenses for current period:</b> \$	.00 (if applicable, include all expenses from attached pages in total)	

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name:

*Roswell Park Cancer Institute*or  
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:

*8/27/2012*

Amount of Contribution: \$

*240.00 12/13 dues X 2*

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name:

*MAMMEX*or  
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:

*09/11/2012*

Amount of Contribution: \$

*50.00 12/13 dues*

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Date Contribution Received:

*/ /*

Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



**IV Other Expenses (Current Semi-Annual Period Only)**

<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D Total expenses for current period:</b> \$	.00	(if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

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**Contribution(s) from Single Source #1 4**

Single Source Entity's Name:	Strecker VA Medical Center		
or Single Source Person's Last Name:	First Name:		
Address:			
City:	State:	ZIP code:	
Phone:			
Date Contribution Received:	08 / 27 / 2012	Amount of Contribution: \$	130.00 <sup>alms</sup> 12/13
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2 5**

Single Source Entity's Name:	Rome Memorial Hosp		
or Single Source Person's Last Name:	First Name:		
Address:			
City:	State:	ZIP code:	
Phone:			
Date Contribution Received:	08106 1 20 12	Amount of Contribution: \$	1700.00 <sup>(4)</sup> cont Reg
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

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**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ .00

**C Itemize each expense exceeding \$75:**

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

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**Contribution(s) from Single Source #1**

Single Source Entity's Name:

Normet Regional Hospital Assoc

or  
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: 08 / 13 / 2012 Amount of Contribution: \$ 50.00 12 dues

Date Contribution Received: 08 / 14 / 2012 Amount of Contribution: \$ 50.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name:

Columbia Memorial Hosp

or  
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: 09 / 07 / 2012 Amount of Contribution: \$ 425.00 Conf Rec

Date Contribution Received: 09 / 14 / 2012 Amount of Contribution: \$ 525.00 Conf Rec

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

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Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



**IV Other Expenses (Current Semi-Annual Period Only)**

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PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
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**Contribution(s) from Single Source #18**

Single Source Entity's Name: Mohawk Valley Health System

or  
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: 01/09/2012	Amount of Contribution: \$	100.00 (3 dues)
Date Contribution Received: 12/04/2012	Amount of Contribution: \$	180.00 (12+14 dues)
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #19**

Single Source Entity's Name: Saratoga Hospital

or  
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: 11/09/12	Amount of Contribution: \$	100.00 (8) 13 dues
Date Contribution Received: 11/16/12	Amount of Contribution: \$	180.00 (12+14 dues)
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00
Date Contribution Received: / /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



**IV Other Expenses (Current Semi-Annual Period Only)**

<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D Total expenses for current period:</b> \$	.00 (if applicable, include all expenses from attached pages in total)	

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: *Phelps Memorial Hospital*  
or  
Single Source Person's Last Name: First Name:  
Address: State: ZIP code:  
City: State: ZIP code:  
Phone: State: ZIP code:  
Date Contribution Received: *10/13/2012* Amount of Contribution: \$ *300.00*  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name: *Mother Hosp*  
or  
Single Source Person's Last Name: First Name:  
Address: State: ZIP code:  
City: State: ZIP code:  
Phone: State: ZIP code:  
Date Contribution Received: *08/31/2012* Amount of Contribution: \$ *50.00*  
Date Contribution Received: *12/14/2012* Amount of Contribution: \$ *100.00*  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Date Contribution Received: / / Amount of Contribution: \$ .00  
Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



**IV Other Expenses (Current Semi-Annual Period Only)**

<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D Total expenses for current period: \$</b>	<b>.00</b> (if applicable, include all expenses from attached pages in total)	

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #22**

Single Source Entity's Name:

Stony Brook University Hoop

OR  
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:

11/30/2012

Amount of Contribution: \$

180.00

13414 dues

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #23**

Single Source Entity's Name:

Ellis Medicine (Hospital)

OR  
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:

07/09/2012

Amount of Contribution: \$

50.00

120 dues

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Date Contribution Received:

/ /

Amount of Contribution: \$

.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



**Designated Addendum sheet for section V(B)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #** 1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 9 / 11 / 2012 Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

**Single Source #** 2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00



**Designated Addendum sheet for section V(B)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #** 3

Related or Affiliated Entity or Person:

Lamar Hill Hospital

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*Date Contribution Received: 9/21/2012 Amount of Contribution: \$425.00 (2)Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Related or Affiliated Entity or Person:

LI Jewish Hs H System

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person :*Date Contribution Received: / / Amount of Contribution: \$

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Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

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Date Contribution Received: / / Amount of Contribution: \$

.00

**Single Source #** \_\_\_\_\_

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

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Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

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Date Contribution Received: / / Amount of Contribution: \$

.00

Date Contribution Received: / / Amount of Contribution: \$

.00



#### IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: *NA*

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated):

\$

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional State Person(s): ☐

#### V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X

SIGNATURE:

*Claire Murray*

DATE:

*1/16/13*

PRINT NAME: LAST

*MURRAY*

FIRST

*CLAIRE*

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

*Per phone request of SCOPE Employee 4PM 1/16/13  
"no signature page submitted" for  
New York Organization of Nurse Executives, Inc  
One Empire Dr  
Rensselaer, NY 12144  
518 273 1525*

RECEIVED JAN 18 2013